

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 552 042

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1			
2		1		1		
3		1		1		
4		2		1		
5	1	1		1		
6	1	1		1		
7	1	1		1		
8	1	1		1		
9	1	1		1		
10	1	1		1		
11	1	1	1			
12		1	1			
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TOTAL IND.	2	1	2	1		1
TOTAL DEP.	12	1	12	1	1	1
TOTAL CLAIMS	14	1	14	1	1	1

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						